

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		7/26/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		7-11-00
FORMALITY REVIEW		70611	8/24/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	10/1/00	
2	✓	10/1/00	
3	✓	10/1/00	
4	✓	10/1/00	
5	✓	10/1/00	
6	✓	10/1/00	
7	✓	10/1/00	
8	✓	10/1/00	
9	✓	10/1/00	
10	✓	10/1/00	
11	✓	10/1/00	
12	✓	10/1/00	
13	✓	10/1/00	
14	✓	10/1/00	
15	✓	10/1/00	
16	✓	10/1/00	
17	✓	10/1/00	
18	✓	10/1/00	
19	✓	10/1/00	
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23	✓	10/1/00	
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25	✓	10/1/00	
26	✓	10/1/00	
27	✓	10/1/00	
28	✓	10/1/00	
29	✓	10/1/00	
30	✓	10/1/00	
31	✓	10/1/00	
32	✓	10/1/00	
33	✓	10/1/00	
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35	✓	10/1/00	
36	✓	10/1/00	
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41	✓	10/1/00	
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47	✓	10/1/00	
48	✓	10/1/00	
49	✓	10/1/00	
50	✓	10/1/00	

Claim	Final	Original	Date
51	✓	10/1/00	
52	✓	10/1/00	
53	✓	10/1/00	
54	✓	10/1/00	
55	✓	10/1/00	
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96	✓	10/1/00	
97	✓	10/1/00	
98	✓	10/1/00	
99	✓	10/1/00	
100	✓	10/1/00	

Claim	Final	Original	Date
101	✓	10/1/00	
102	✓	10/1/00	
103	✓	10/1/00	
104	✓	10/1/00	
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147	✓	10/1/00	
148	✓	10/1/00	
149	✓	10/1/00	
150	✓	10/1/00	

Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)